



4-H'er Name (print): _____

4-H Ambassador Report

Ambassadors are required to submit a report highlighting their activities for the year. 4-H Ambassadors who complete a minimum of **FIVE** activities **and** complete the report will be recognized at State 4-H Congress.

At MINIMUM, Ambassador Activities must include:

- ____ One state-level activity
- ____ Two regional or multi-county activities
- ____ One public speaking or presentation activity
- ____ One self-directed activity

Some State Events include: 4-H State Fair, 4-H State Presentation Contests, 4-H Presentations/Speech Training, 4-H Engineering Event, TSC Paper Clovers, Operation Military Kids.

Some Regional or Multi-County Events may include: County Fairs, 4-H Presentation Contests, 4-H club organization, leadership at 4-H workshops. Stay in touch with your county 4-H agent to find out about ongoing multi-county and/or regional activities.

Self-directed activities are those that you develop on your own. Examples: Speak about or promote 4-H at a local Kiwanis Club meeting or at a school function; set up and man a 4-H Healthy Lifestyles exhibit at a community health fair; set up and man a National 4-H exhibit in your county library or town hall.

The Ambassador Report will be due no later than June 30. Any reports received after this date will not be accepted. Reports should be sent to the Leadership Committee at sc4h@clemsn.edu.

AMBASSADOR ACTIVITIES COMPLETED

Name of Event: _____

(Check one) ____ State Event or ____ Regional or Multi-county Event

Date begun: _____ Date completed: _____

Number of hours: ____ Number of contacts: ____

Describe your participation: (Did you coordinate/ lead/teach? Did you give a speech or presentation? Did you assist adults?)

-over-



4-H'er Name (print): _____

Name of Event: _____

(Check one) State Event or Regional or Multi-county Event

Date begun: _____ Date completed: _____

Number of hours: _____ Number of contacts: _____

Describe your participation: (Did you coordinate/ lead/teach? Did you give a speech or presentation? Did you assist adults?)

Name of Event: _____

(Check one) State Event or Regional or Multi-county Event

Date begun: _____ Date completed: _____

Number of hours: _____ Number of contacts: _____

Describe your participation: (Did you coordinate/ lead/teach? Did you give a speech or presentation? Did you assist adults?)

Name of Public Speaking Event: _____

(Check one) State Event or Regional or Multi-county Event

Date begun: _____ Date completed: _____

Number of hours: _____ Number of contacts: _____

Describe your participation: (Did you coordinate/ lead/teach? Did you give a speech or presentation? Did you assist adults?)

-over-



4-H'er Name (print): _____

Name of Self-Directed Event: _____

(Check one) _____ State Event or _____ Regional or Multi-county Event

Date begun: _____ Date completed: _____

Number of hours: _____ Number of contacts: _____

Describe your participation: (Did you coordinate/ lead/teach? Did you give a speech or presentation? Did you assist adults?)

ADDITIONAL ACTIVITIES COMPLETED (add additional pages if needed)

Name of Event: _____

(Check one) _____ State Event or _____ Regional or Multi-county Event

Date begun: _____ Date completed: _____

Number of hours: _____ Number of contacts: _____

Describe your participation: (Did you coordinate/ lead/teach? Did you give a speech or presentation? Did you assist adults?)

SIGNATURES

I acknowledge that the above information is true.

4-H Member

Date

Parent or Guardian

Date

4-H Leader or Agent

Date

PLEASE RETURN To- S.C. 4-H Leadership Committee sc4h@clemson.edu or 2054 Barre Hall, Clemson University, Clemson, SC 29634 by June 30.